

DECLARATION FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name. I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **Methods And Compositions For The Treatment Of Diseases Associated With Signal Transduction Aberrations**, the specification of which is attached hereto. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

10/161,959*Application Serial No.*06/30/02*Filing Date*Pending*Patented, Pending or Abandoned*

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor: **Joseph Holoshitz**

Inventor's Signature: _____

Date: _____

Residence: 3580 Windemere Drive, Ann Arbor, MI 48105

Citizenship: United States of America

Post Office Address: 3580 Windemere Drive, Ann Arbor, MI 48105

Full Name of Second Joint Inventor: **Song Ling**

Inventor's Signature: _____

Date: _____

Residence: 985 Northwood Street, Apt. 3, Ann Arbor MI 48103

Citizenship: P.R. China

Post Office Address: 985 Northwood Street, Apt. 3, Ann Arbor MI 48103

In re Application of: Joseph Holoshitz *et al.* Group No.:
Serial No.: Examiner:
Filed:
Entitled: Methods And Compositions For The Treatment Of Diseases Associated With
Signal Transduction Aberrations

The Regents Of The University Of Michigan
3003 South State Street
Ann Arbor, Michigan 48109-1280

WHEREAS, WE, Joseph Holoshitz and Song Ling, hereinafter referred to as "ASSIGNOR", have invented certain new and useful improvements as described and set forth in the below-identified application for United States Letters Patent:

Filing Date: Serial No.:

NOW THEREFORE, TO ALL WHOM IT MAY CONCERN: Be it known that, for and in consideration of the sum of One Dollar (\$1.00) lawful money paid to ASSIGNOR by ASSIGNEE and other good and valuable consideration, receipt of which is hereby acknowledged, ASSIGNOR has sold, assigned and transferred, and by these presents does sell, assign and transfer unto said ASSIGNEE, and ASSIGNEE's successors and assigns, all right, title and interest in and to said invention, said application for United States Letters Patent, and any Letters Patent which may hereafter be granted on the same in the United States and all countries throughout the world including any divisions, renewals, continuations in whole or in part, substitutions, conversions, reissues, prolongations or extensions thereof, said interest to be held and enjoyed by said ASSIGNEE as fully and exclusively as it would have been held and enjoyed by said ASSIGNOR had this assignment and transfer not been made, to the full end and term of any Letters Patent.

IN TESTIMONY WHEREOF, ASSIGNOR has hereunto signed ASSIGNOR's names to this assignment on the date indicated below.

STATE OF _____)
)
COUNTY OF _____) SS.

NOTARY PUBLIC

SEAL